

Candidate  
Annual Report of Receipts and Disbursements  
2009

RECEIVED

JAN 29 2010

Secretary of State  
Capitol Office  
DATE STAMP

Candidate's Name Hillman Terrence Frazier

Full Address 2066 Queensroad Ave

Telephone 601/982-1871 Fax \_\_\_\_\_

Contact Name Hillman Frazier Email hfrazier27@seilsoft.com

Office Sought Seated Dist. 27 Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2250.00 \$ 0	\$ 2250.00	\$ 2250.00
Total amount of disbursements	\$ 905.89 \$ 2286.25	\$ 3192.09	\$ 3192.09
Total amount of cash on hand		\$ 1687.46	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Hillman Terrence Frazier  
Signature of Candidate

01/29/09  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Hillman Torone Fazio

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T Mississippi PAC</u>	<u>9/17/09</u>	\$ <u>200.00</u>
Mailing Address <u>175 E. Capitol St. Landmark Center Room 700</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>AT&amp;T</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Laboratories Employee PAA</u>	<u>10/23/09</u>	\$ <u>250.00</u>
Mailing Address <u>100 Abbott Park Road</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Abbott Park, IL 60064-6028</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Abbott Laboratories</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Zeneca Services</u>	<u>11/10/09</u>	\$ <u>500.00</u>
Mailing Address <u>1800 Concord Pike P.O. Box 15437</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Wilmington, DE 19850-5437</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Company LLC</u>	<u>11/24/09</u>	\$ <u>1000.00</u>
Mailing Address <u>Centene Plaza, 7711 Carondelet Ave.</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Centene Corporation</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Hillman Team Finance  
 Reporting period 6/1/01-2001 through 12/31 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
<u>Mississippi Association for Homecare</u>		<u>12/01/09</u>	\$ <u>300.00</u>
Mailing Address			
<u>134 Fairmont Street, Suite B</u>		<u>1/1/</u>	\$
City, State, Zip Code			
<u>Clinton MS 39056</u>		<u>1/1/</u>	\$
Name of Employer (Required)			
<u>Mississippi Association for Homecare</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
		<u>1/1/</u>	\$
Mailing Address			
		<u>1/1/</u>	\$
City, State, Zip Code			
		<u>1/1/</u>	\$
Name of Employer (Required)			
		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
		<u>1/1/</u>	\$
Mailing Address			
		<u>1/1/</u>	\$
City, State, Zip Code			
		<u>1/1/</u>	\$
Name of Employer (Required)			
		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
		<u>1/1/</u>	\$
Mailing Address			
		<u>1/1/</u>	\$
City, State, Zip Code			
		<u>1/1/</u>	\$
Name of Employer (Required)			
		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED DISBURSEMENTS

A. Full name <u>D.C. Presidential Inaugural Committee</u>	Date (Mo., Day, Year) <u>11/19/09</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>Washington, D.C.</u>	<u>11/1/09</u>	\$
City, State, Zip Code <u>Washington, D.C.</u>	<u>11/1/09</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
B. Full name <u>Claron Ledge</u>	Date (Mo., Day, Year) <u>12/27/09</u>	Amount of each disbursement this period \$ <u>205.84</u>
Mailing Address <u>P.O. Box 40</u>	<u>12/27/09</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>12/27/09</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>205.84</u>
C. Full name <u>Hazing Moss Road Church of</u>	Date (Mo., Day, Year) <u>08/27/09</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>Jackson, MS</u>	<u>08/27/09</u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>08/27/09</u>	\$
Purpose of Disbursement (Optional) <u>Sponsorship Youth Production</u>	Aggregate Year-to-date	\$ <u>200.00</u>
D. Full name <u>The Links Inc, Jackson, MS Chapter</u>	Date (Mo., Day, Year) <u>11/18/09</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>P.O. Box 20193</u>	<u>11/18/09</u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>11/18/09</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>11/1/09</u>	\$
City, State, Zip Code	<u>11/1/09</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>11/1/09</u>	\$
City, State, Zip Code	<u>11/1/09</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$